INSPECTION DATE: 10/25/2019

INSPECTOR: Nickie Greens, Henry Padilla

STARTING TIME: 10:87 Am ENDING TIME: 12:41 p.m.

A. BACKGROUND INFORM	IATIO	V					
1. Facility Name	Mater	Material Sciences Corporation – East Chicago					
2. Facility Address	4407]	Railroad Avenue, Bui	lding #3 Door	3A, East Chic	ago, In 46312		
3. Person Contacted / Title	Kenn	eth Paxson, Q.A. Mgr	378-	9 30 3742			
4. No. of Employees	35			5,148			
5. Shift Starting Time	Shift 1	: 5:00 AM	Shift 2: 5:00) PM	Shift 3: N/A		
6. Inspection Type	Unanı	ounced:		Scheduled: X			
IF UNANNOUNCE	D, CO	MPLETE ITEMS BE	LOW, OTHE	RWISE GO T	O ITEM No. 8.		
a) New Company		Yes:		No:			
b) Complaint		Yes:	-	No:			
c) Spill		Yes:		No:			
d) Violation	Yes:	es: No:					
e) Other	_	Yes: No:					
7. Explain Reason for Inspecti	on: (A	nnual Ins	pection				
			•				
8. SPCC Plan Required and/or	·Slug	Yes X		No			
Control Plan?							
IF REQUIRED PRO	CEED	, OTHERWISE GO	TO PAGE 2, I	PRETREATM	ENT PERMIT.		
a) Is Plan on File?		Yes X		No			
b) Is Plan Adequate?	Yes X		No	No			
9. Explain Deficiencies in SPC	C or Slu	g Control Plan?:					
Slug Plan is not required. No D	eficienc	ies to SPCC plan and	plan on file.				

B. PRE-TREATMENT PERMIT				
1. Permit No. 312		2. Expiration Dat	e: 7/14/2023	_
3. Categorical Standard(s) Yes 433.	10			
4. Toxic Organic (Solvent) Manager Plan Required	nent	YES:	NO: X	
If re	equired, Proceed,	Otherwise go to Item	No. 6.	
a) Is Plan on File?		YES:	NO:	
b) Is Plan Adequate?		YES:	NO:	
5. Production Based Standard Appl	icable?	YES:	NO:	
If So, current Average Production	Rate(s)			
6. Are there any changes since last in	nspection or plann	ed changes to the IU	?	
The project to add two additional pla	iting cells has beer	completed.		
7. Do Permit Limits Represent Curr	ent Operations?	YES: X	NO:	
8. Are Self-Monitoring Reports Requ	uired?	YES: X	NO:	
If required pro-	ceed, otherwise go	to page 3 Part C. Wa	iter/Wastewater.	
a) Are Reports on File?		YES: X	NO:	
b) Are Reports Current?		YES: X	NO:	
c) Are Reports Complete?		YES: X	NO:	
9. Explain Deficiencies in Self-Monito	oring Reports:	cficiencies wer	e Found.	
10. Schematic or site map provided?	YES: X on File		NO:	

Inspection Date:

10/25/19

1. Source of Intake Water (GPD):	City: X	We	il:	Other:	
2. Discharge Method:	Volume (GPD) M	Volume (GPD) Month		Percent of Total	
a) Into Sewer	1,029362		46.7%	•	
b) Via NPDES Permit	0		0%		
c) Into Product	0		0%		
d) Evaporation	1,149,293		52.1%		
e) Other (Trucked Waste)	27,740		1.3%		
3. Discharge(s) to Sewer	Volume (GPD) M	lonth	Percent	of Total	
a) Industrial Process	713,175		69.3%		
b) Contact Cooling	0		0%		
a) Non-Contact Cooling	305590		29.7%	29.7%	
b) Blow down	Included with No	n-		<u></u>	
	Contact Cooling	Water			
a) Sanitary	10,597		1.0%	1.0%	
b) Other	0		0%	0%	
TOTAL	1,029,362		100%		
4. Process Discharge Flow:	Continuous X	Inte	rmittent	Batch	
If Batch	Gal/Batch	—J	Frequenc	ey	
5. Type of Flow Measurement	Isco 4320 Flow To	otalizer	, 8" Palmer	Bowlus Flume,	
	Omega FP85 Pad	dle Wh	eel Totalize	er	
Adequate for Expected Flows?	YES: X	YES: X			
6. Date of Last Calibration:	9/25/19			·-	
7. Number of Outfalls to POTW:	1	1			
8. Comments (Identify by Item No.):	I				

Service center for electro-plating, finishing and distribution of electro-galvanized flat, cold rolled carbon steel products.

Inspection Date:	10/	2	5/	19
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1. Product(s) or Service(s) and General Description of Processes:

D. Manufacturing Area

We Process coiled steel strip into electro-galvanized steel strip with various post treatments applied to the surface of the zinc. It can take from 17 minutes up to 2 hours to process a single coil.								
Major Customers are: Arcelor Mittal, SSAB, Protec/USS Steel, Greif Brothers and various service steel centers.								
Descr	iption	To	o Sewer	To other (Specify)				
Hot Water & Alk	kaline Spray	No	•	Trucked Off-Site for treatment				
		1						
		J						
		Yes via	on-site					
Phosphate, Chron	nate & Oils	NO		Trucked Off-Site for treatment				
Final Rinse water Section	In Phosphate							
YES:		NO	: X					
YES:		NO	: X					
YES: X		NO	•					
Entire Fac	ility inside	Impro	vements i	were made				
				Poor				
Good - Kept &	raterials stores	Fair		Poor				
9. Conditions: Areas are Checked and have been improved for safety and								
1s Kept in	side so n	othin	-5 goes	into the				
E.C. Sewers.								
	YES: X		NO:					
	Descrited Water & Alk Cleaning & Rinsi Hot Water & Alk Electrolytic Clear Mild Sulfuric Aci Surface prep & ri Electrolytic Zinc Water Rinsing Phosphate, Chron Final Rinse water Section YES: YES: YES: YES: YES: YES: YES:	Description Hot Water & Alkaline Spray Cleaning & Rinsing Hot Water & Alkaline Electrolytic Cleaning & Rinsing Mild Sulfuric Acid & Water Surface prep & rinsing Electrolytic Zinc Plating & Hot Water Rinsing Phosphate, Chromate & Oils Final Rinse water In Phosphate Section YES: YES:	Description Hot Water & Alkaline Spray Cleaning & Rinsing Hot Water & Alkaline Electrolytic Cleaning & Rinsing Mild Sulfuric Acid & Water Surface prep & rinsing Electrolytic Zinc Plating & Hot Water Rinsing Phosphate, Chromate & Oils Final Rinse water In Phosphate Section YES: NO YES: NO YES: NO YES: NO NO This is a facility inside. Improved for the properties of the properties of the proved for	Description Description To Sewer Hot Water & Alkaline Spray Cleaning & Rinsing Hot Water & Alkaline Electrolytic Cleaning & Rinsing Mild Sulfuric Acid & Water Surface prep & rinsing Electrolytic Zinc Plating & Hot Water Rinsing Phosphate, Chromate & Oils Final Rinse water In Phosphate Section YES: NO: YES: NO: YES: NO: X YES: NO: NO: X NO: X YES: NO: X YES: NO: X NO: X YES: NO: YES				

Inspection Date: 10/25/19

					emicals,	pretreatment, and boiler/cooling
tower additiv						
Chemical Subs	stance Inv	entory provi	ded?	YES: X		NO:
Name	Liquid?	Contained?	Size container	Quantity	MSDS?	Notes
Spray Clean 985 ECT	Liq	Y	330 gal tote	2,000		Contains potassium hydroxide, sodium hydroxide surfactants, phosphates and water
Electro-LV84	Liq	Y	330 gal tote	1,000 gals		Contains potassium hydroxide, sodium hydroxide surfactants, phosphates and water
1. Sulfuric Acid	Liq	Y	Bulk tank,	5,600 gals,		93% Technical grade Sulfuric Acid
2. Sulfuric Acid	Liq	Y	55 gal drums	750 gals		
Sodium Hydroxide	Liq	Y	Bulk Tank, 55 gal drums	5,600, 750 gals		50% Sodium Hydroxide solution
Metallic Zinc	Solid	Y	4,500 lb tote sacks	60,000 lbs		99.99% pure zinc shot for makine electrolyte soln
Electrolyte Solution	Liq	Y	76,000 gal tank	68,000-76,000 gal		Contains dissolvd zinc, sulfuric acid and water
Hydrochloric Acid	Liq	Y	55 gal drum	660 gal		30-35 % Active concentration of acid
Strontium Carbonate	Solid	Y	50 lb bags	2,500 lbs	1	
Diatomaceous Earth	Solid	Y	50 lb bags	2,,000 lbs		
Activator JW	Solid	Y	50 lb Carboy	300 lb		Contains tetra-sodium phosphate
Americo ZCN-98	Liq	Y	330 gal tote	660 gals		Contains nickel carbonate, phosphoric acid, zinc oxide, nitric acid & water
Various chrome solns	Liq	Y	55 gal drums	1,300 gal		Contains chromic acid, phosphoric acid, zinc salt, zinc oxide, silicon dioxide & acrylic polymers
Quaker Ferrocote 61 AUS	Liq	Y	300 gal totes	900 gal		Rust preventing oil compounds to protect product from corrosion
Quaker Ferrocote EGL-1	Liq	Y	300 gal totes	900 gal		Rust preventing oil compounds to protect product from corrosion
Quaker Ferrocote Mal-HCL-1	Liq	Y	55 gal drums	55 gal		Pre-lube oil
Hydraulic oil	Liq	Y	55 gal drums, (2) 500 gal tanks	440 gal		
Maintenance oil & gear lubes	Liq	Y	55 gal drums	1,000 gais 1,000 gal		
Hydrozone OS115	Liq	Y	55 gal drum	110 gal		Boiler Chemical- oxygen scavenger- contains sodium bisulfite
Hydrozone	Liq	Y	55 gal drum	110 gal		Boiler Chemical -Contains polymer, sodium hydroxide &
BFW 0106			same	same		potassíum hydroxide

RLT 1136	Liu	Y	55 gal drum	110 gal	Steam line system chemical contains cyclohexylamine, n-
			same	same	ethyl-n-hydroxyethaneamine
Hydrozone CSC 1040	Liq	Y	Same as above	Same	Non-contact cooling water system corrosion Inhibitor- contains sodium hydroxide
Bellacide	Liq	Y	30 Gallon Drum	30-45 Gallons	Microbiocide for cooling water system Contains: tributyldecyl phosphonium chloride
Sod Hypochlorite	Liq	Y	Same as above	550 gals	Cooling water algaecide-12% concentration
Solar Salt	Solid	Y	50 lb bag	3,400 lbs	Used in water softeners
Calcium Chloride	Solid	Y	50 lb bag	3,400 lbs	Flake, 60% active, Usedin Waste Treatment

10/25/19

F. Pre-Treatment Are	a			
1. Pretreatment Syst	tem On-Site	YES: X	NO:	
2. Schematic or site	map provided?	YES: X	NO:	
Pre-t	treatment plant typically	netals precipitation, neutral operates from 5:00 AM on the Pre-treatment plant	to 11:00 PM.	l sludge disposal.
4. Discharge	Continuous X	Intermittent	Batch	Other
5. Conditions / Operat		Good	Fair	Poor
6. Comments (Referen Properly. Or Should I We will E to			Rept and more rations are own for monitoring	
7. Certified Operator(s	5)	Licensed No.		Class
Kenneth Paxson	Kenneth Paxson WW008970		С	
8. SPCC Practices Ade	equate? Yes: 🗸	,	No:	

Inspection Date:

10/25/19

G. Chemical / Waste Storage Areas	
1. Sludge/Hazardous or Non-Hazardous Waste: 2019	a) waste treatment sludge (non-haz) b) Oil contaminated wastewater- (non-haz) c) Phosphate rinse waters (non—haz) d) Spent zinc waste-(non-haz) e) Electrolyte filter sludge (non-haz) f) Electrolyte pit & tank bottom Sludge (Haz, D002 & D008) g) Degrease pit & tank bottom sludge (Haz, D002) h) Liquid & solid chrome wastes – liquid (Haz, D002 & D007) solid chrome waste (Haz, D002) i) Oily rags (non-haz)
2. Source of Waste	a) From the Wastewater Pre-treatment system b) Preclean & Electro-degrease sections of the process line. c) Phosphating sect of process line. d) From the plating & plating rinse section of process line. e) From the plating & plating rinse section of process line. f) From the plating & plating rinse section of process line. g) From electro-cleaning section of the process line (alkaline) h) From the chromate section of the process line. i) Equipment maintenance
3. Describe any Waste Handling (What happens to it? 2019	a) Trucked off site to Waste Management Landfill b) Trucked Off-site for treatment & Disposal (Covanta & All Source Environmental) c) Trucked Off-site for treatment & Disposal (Covanta & All Source Environmental) d) Trucked Off-site for treatment & Disposal (Covanta) e) Trucked off site to Waste Management Landfill f) Trucked Off-site for treatment & Disposal (Covanta) g) Trucked Off-site for treatment & Disposal (Covanta) h) Trucked Off-site for treatment & Disposal (Covanta) i) Trucked Off-site for treatment & Disposal (Covanta)
4. Quantity January 1, 2019 thru November 30, 2019	a) 183 tons b) 223,500 gallons c) 22,350 gallons d) 20,410 lbs c) 4.0 Tons f) 9,460 lbs g) 0 lbs h) Liquid Chrome Waste = 16,985 lbs Solid Chrome Waste = 670 lbs i) 4,300 lbs
5. Transport Company	a) Waste Management b) Covanta & All Source Environmental c) Covanta & All Source Environmental d) Covanta e) Waste Management f) Covanta g) Covanta h) Covanta i) Covanta
6. Disposal Facility	a) Prairie View Landfill – Wyatt, Indiana b) Covanta – Portage, In. & Water Integrated Treatment Systems, Dolton, IL. c) Water Integrated Treatment Systems, Dolton, IL. & Covanta – Portage, In. d) Covanta – Portage, In. e) Prairie View Landfill – Wyatt, Indiana f) Covanta – Portage, In./AES Environmental - Calvert City, Kentucky g) Covanta – Portage, In./AES Environmental - Calvert City, Kentucky h) Envirite of Illinois – Harvey, II. i) Covanta – Portage, In.

7. On-Site Storage	Yes: X (90 Day Accumulation Only)	No:						
8. Describe (Include any Irregularities in Drums, Labels, or Manifests): Everything is labelled property & stored, cocumented. No problems to report.								
9. Conditions:	Good Good Fair	Poor						
10. Floor Drains in Storage Areas?	Yes:	No: X						
11. Are SPCC Practices Adequate?	Yes: X	No:						
12. Comments (Reference any Deficiencies by item no.): Very well Kept so no spilled drums may excape of anything liquid out of the storage area of their Chemicals. No problems to report.								

Inspection Date: 10/25/19

H. Industrial Self-Monitoring							
1. Is Self-Monitoring Required?	YES: X	NO:					
2. Sample Collections Method:							
Combination of Grabs and 24 hour composite sample as requi	red by the constituent beir	ng sampled					
3. Is sampling location appropriate?	YES: ✓						
4. IU and POTW sample at same location?	YES: NA	NO:					
5. Chain-of-Custody Adequate?	YES:	NO:					
6. Sampling Equipment Adequate:	YES: ✓	NO:					
7. Sample type appropriate?	YES: V	NO:					
8. Sample containers Appropriate?	YES: V	NO:					
9. Samples Properly Preserved?	YES: \	NO:					
10. Holding times Short Enough?	YES:	NO:					
11. Sampling/ analysis done in accordance with 40 CFR	YES: V	NO:					
136?							
12. Is sampling frequency correct?	YES:	NO:					
13. IU certifying reports sent to POTW and IDEM?	YES: X	NO:					
14. Sampling SOP reviewed?	YES: V	NO:					
15. Sampling QA/QC documents reviewed?	YES: V	NO:					
16. Analysis conducted	In-House	Contract Lab (Name)					
		Test America					
17. Self-Monitoring Records	YES: V	NO:					
18. All Analytical results on File?	YES: V	NO:					
19. Records Kept for Period Specified in Permit?	YES: X	NO:					
20. Comments (Reference any Deficiencies by item no.): No deficiencies. Records & Reports, data have been sent.							

Inspection Date: 10 /25/19
I. Final Comments
1. Questions/Comments/Discussion None Required
2. Follow Up Actions Required Documents for Flow Diagrams of Water Ewastewater Treatment. are the same foperators license ww Class III updated 2020. Norning else Required
Inspector(s) Signature(s): Date: 10/25/19 IU Representative Signature: Approach Date: 10/25/20/9
FORM ADAPTED FROM INDIANA PRETREATMENT GROUP INSPECTION FORM, NO. 0586B, DATED 03/90

Department of Environmental Management Office of Water Quality – IGCN Room 1255 190 N. Senate Ave Indianapolis, IN 46204-2251

Wastewater Operator Class C

	Certification#	Effective Date	Expiration Date
v	VW008970	07/01/2018	06/39/2020

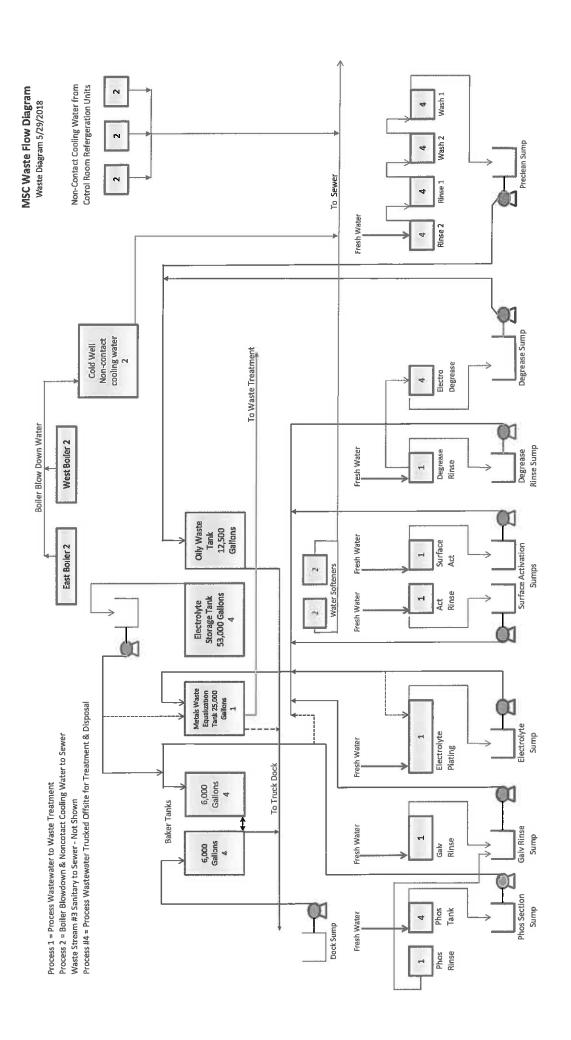
Kenneth W. Paxson

Department of Environmental Management Office of Water Quality - IGCN Room 1255 100 N. Senate Ave. Indianapolis, IN 46204-2251

Wastewater Operator Class III

	* * * * * * * * * * * * * * * * * * * *		
ı	Certification#	Effective Date	Expiration Date
	WW008969	07/01/2018	06/30/2020

Kenneth W. Paxson





Department of Environmental Management Office of Water Quality -- IGCN Room 1255 100 N. Senate Ave. Indianapolis, Indiana 46204-2251

Wastewater Operator Class III

1 de 12/28/18
u priete

Effective Octo

6/30/24

WW008969 Effective Ocite

6/30/2460

Kenneth W. Paxson

Certificate of Competency

This certifies that the person named above has fulfilled the requirements for certification as a wastewater treatment plant operator in accordance with IC 13-18-11 and is hereby certified as a Wastewater Operator Class III.

一一一

Bruno L. Pigott Commissioner



Department of Environmental Management Office of Water Quality – IGCN Room 1255 100 N. Senate Ave. Indianapolis, Indiana 46204-2251

Wastewater Operator Class C

Certification Number	Ellective Date
	0000000 6/30/2020
ww008970	07/01/2018
77 77 000270	

Kenneth W. Paxson

Certificate of Competency

This certifies that the person named above has fulfilled the requirements for certification as a wastewater treatment plant operator in accordance with IC 13-18-11 and is hereby certified as a Wastewater Operator Class C.

THE WORLD

Bruno L. Pigott Commissioner

INSPECTION DATE: 11 / 5 / 2019

a) Is Plan on File?

b) Is Plan Adequate?

INSPECTOR: Nickie Geros	Henry'	Padilla			
STARTING TIME: 10:00 A	M	_ ENDING TI	ME:12:0	00 PM	
A. BACKGROUND INFORM	IATIO	V			
1. Facility Name	W.R.	Grace			
2. Facility Address	5215]	Kennedy Ave			
3. Person Contacted / Title	Carl I	Muehlman EHS Man	ager		
4. No. of Employees	51			-	<u>.</u>
5. Shift Starting Time	Shift1	:11:00pm to 7:00am	Shift2: 7:00a	am to 3:00pm	Shift3:3:00pm to 11:00pm
6. Inspection Type	Unani	nounced:	I	Scheduled: X	
IF UNANNOUNCE	ED, CO	MPLETE ITEMS BE	LOW, OTHE	RWISE GO T	O ITEM No. 8.
a) New Company		Yes:		No:	
b) Complaint		Yes:		No:	
c) Spill		Yes:		No:	Ш
d) Violation		Yes:		No:	
e) Other	Yes:		No:		
7. Explain Reason for Inspecti	on: Sig	nificant Industrial Us	ers Annual Ir	spection	
8. SPCC Plan Required and/or	r Slug	Yes X		No	-
Control Plan?	-				

IF REQUIRED PROCEED, OTHERWISE GO TO PAGE 2, PRETREATMENT PERMIT.

No

No

Yes X

Yes X

9. Explain Deficiencies in SPCC or Slug Control Plan?:

B. PRE-TREATMENT PERMIT			
1. Permit No. 401		2. Expiration Date	e: 5-1-2021
3. Categorical Standard(s)		No	
4. Toxic Organic (Solvent) Managem Plan Required	ent	YES:	NO: X
If red	quired, Proceed, (Otherwise go to Item	No. 6.
a) Is Plan on File?		YES:	NO:
b) Is Plan Adequate?		YES:	NO:
5. Production Based Standard Applic	able?	YES:	NO:
If So, current Average Production	Rate(s)		\$1.
6. Are there any changes since last in	spection or plann	ed changes to the IU	?
Future planned changes include upo	late to their curr	ent wastewater trea	tment facility. Will keep us posted.
7. Do Permit Limits Represent Curre	ent Operations?	YES: X	NO:
If not, what changes are necessary?			· · · · · · · · · · · · · · · · · · ·
8. Are Self-Monitoring Reports Requ	ired?	YES:	NO: X
If required proc	eed, otherwise go	to page 3 Part C. W	ater/Wastewater.
a) Are Reports on File?		YES:	NO:
b) Are Reports Current?		YES:	NO:
c) Are Reports Complete?		YES:	NO:
9. Explain Deficiencies in Self-Monito	oring Reports:	ħ	
10. Schematic or site map	VEC. V Canitan	TI TOMOGOGO P- sino	NO:
provided?	maps	y, process, & site	NO.

INSPECTION DATE: <u>11 / 5 / 2019</u>

C. WATER/WASTEWATER			
1. Source of Intake Water (GPD):	City: X	Well:	Other:
2. Discharge Method:	Volume (GPD) Mon	nth Percent	t of Total
a) Into Sewer	2,474,000	100%	
b) Via NPDES Permit			
c) Into Product			
d) Evaporation			
e) Other			
3. Discharge(s) to Sewer	Volume (GPD) Mor	ith Percent	of Total
a) Industrial Process			
b) Contact Cooling			
a) Non-Contact Cooling			
b) Blow down			
a) Sanitary	Minimal < 10,000		
b) Other			·n.
TOTAL	2,474,000	100%	
4. Process Discharge Flow:	Continuous	Intermittent 2	K Batch
If Batch	Gal/Batch	Frequen	ncy
5. Type of Flow Measurement	6" Bailey/Fisher & rate from 2% to 100% 0.01% of Cal Factor f	of meter Cal F	actor;
Adequate for Expected Flows?	YES: X	NO:	
6. Date of Last Calibration:	October 31st 2019		
7. Number of Outfalls to POTW:	One		
8. Comments (Identify by Item No.):			

INSPECTION DATE: 11/5/2019

D. Manufacturing Area

The state of the s				
Product(s) or Service(s) and Gen Sodium Silicate and Colloidal Silic Water glass Ludox	_	Processes:		
2. Process Waste stream(s)	Descri	ption	To Sewer	To other (Specify)
Sanitary	Locker room & w		Yes	
Process	Sodium Silicate and	l Colloidal Silica	No	Grand Calumet river
3. Are there floor drains in the manufacturing areas?	YES: X		NO:	
4. Do the floor drains lead directly to the POTW?	YES:		NO: X	
5. Are temporary hoses in place as part of production?	YES:		NO: X	
6. Process areas Inspected:	All of facility, insid	e, outside, storage a	reas, labs, produ	ction areas and tanks
7. Conditions / Operation	Good X	·	Fair	Poor
8. General Housekeeping:	Good X		Fair	Poor
9. Conditions: Storage of product for shipment is	Excellent and very	clean.		
10. SPCC Practices Adequate?		YES: X	NO:	

E. Material	s Used (l	list any rav	v materials,	solvents, o	ils, chemi	icals, pretreatment, and
boiler/coolin	g tower	additives)	attach additi	ional sheets	s if necess	sary
Chemical Su	ıbstance	Inventory		YES: √		NO:
provided?						
Name	Liquid?	Contained?	Size container	Quantity	MSDS?	Notes
Sulfuric Acid	Yes	Yes	13,500 &		Yes	Raw material & Wastewater
			4,500 gal			treatment chemicals
Caustic	Yes	Yes	29,000 &		Yes	Finished product additives &
(50%)			4,200 gal			Wastewater treatment chemicals
Sodium						
Hydroxide						
Aluminum	Yes	Yes	55 gal		Yes	Finished product additives
Chlorhydrate						
(Chlorhydrol)						
Ammonium	Yes	Yes	250 gal		Yes	Finished product additives
Hydroxide		i i				
Betz Cortrol IS3080K Sodium Bisulfite	Yes	Yes	110 gal		Yes	Boiler water treatment chemicals
Betz	Yes	Yes	110 gal		Yes	Boiler water treatment chemicals
Optisperse						
APO200 K						
Betz		Yes	50 lb bags		Yes	Wastewater treatment chemicals
Polyfloc		ļ				
AP1138 B1						
Name	Liquid?	Contained?	Size container	Quantity	MSDS?	Notes

	Yes	30 lb keg	Yes	Finished product additives
Yes	Yes	5 gal	Yes	Finished product additives
Yes	Yes	55 gal	Yes	Finished product additives
Yes	Yes	5 gal	Yes	Finished product additives
	Yes	Silo	Yes	Wastewater treatment chemicals
	Yes	50 lb bag	Yes	Finished product additives
Yes	Yes	270 gal,55 gal & 5 gal	Yes	Lubricating oil, fuel, gasoline, Crystal Kleen, Gear oil
Yes	Yes	55 to 50,000	Yes	Finished products
	Yes	Silo	Yes	Raw material
	Yes	Silo	Yes	Raw material
Yes	Yes	55 gai	Yes	Finished product additives
Yes	Yes	20,000	Yes	Raw material & Finished products
	Yes Yes Yes	Yes Yes Yes Yes Yes Yes Yes Yes Ye	Yes Yes 5 gal Yes Yes 55 gal Yes 5 gal Yes 50 lb bag Yes 270 gal,55 gal & 5 gal Yes 55 to 50,000 Yes Silo Yes Silo Yes Silo Yes 55 gal	Yes Yes 5 gal Yes Yes Yes 55 gal Yes Yes Yes 5 gal Yes Yes Silo Yes Yes 270 gal,55 gal & 5 gal Yes Yes 7 yes 7 yes Yes 55 to 50,000 Yes Yes Silo Yes Yes Yes Yes

F. Pre-Treatment Area	None			
1. Pretreatment Syste	em On-Site	YES:	NO:	
2. Schematic or site n	nap provided?	YES:	NO:	
3. Description:		1		
4. Discharge	Continuous	Intermittent	Batch	Other
5. Conditions / Operation	on	Good	Fair	Poor
6. Comments (Reference				
7. Certified Operator(s))	Licensed No.		Class

8. SPCC Practices Adec	quate? Yes: X		No:	

G. Chemical / Waste Stora	ge Areas			Quantity/yr	Transport Co	
1. Sludge / Hazardous W	aste: a) L	a) Lab solvent hazardous CESQG 200 lbs Tro				
	b) So	odium Silicate amorp	hous glass non-h	azardous 80	tons Republic	
	c) C	c) Cleaning solvent non-hazardous 120gai				
	d) W	aste oil non-hazarde	ous	165gal	Future/Niles	
	e) Ur	niversal waste non-h	azardous 500	Lt. bulbs W.N.	l Lamp-tracke	
	f) Fil	ter press cake non-h	nazardous	3,345 tons	Z-Force	
	g) Ta	ank cleaning bottoms	non-hazardous	300 tons	Republic	
2. Source of Waste			 .	L	Disposal facili	
	a) Lab test	ab test procedure			Tradebe	
	b) Product	b) Production glass chain Newton Co. Landfill				
	c) Parts cleaning. 20 gal tank. Christal Clean recycled Recycled					
	d) Gear box and hydraulic oil changes on equipment Recycled					
	e) Light bulbs, batteries & ballasts Recycled					
	f) Solid cake from waste water treatment filter press Newton Co. Landfill					
	g) Solids settled to the bottom of our silicate storage tanks Newton Co.					
3. Describe Hazardous Waste Handling		generated a few once at a time, placed in a satellite accumulation tainer then transferred to a 5 gallon container for shipment.				
4. Quantity	Less than 2	200 lbs per year				
5. Transport Company	Tradebe					
6. Disposal Facility	Tradebe	-				
7. On-Site Storage	-	Yes: √ No:			· ·	
8. Describe (Include any	Irregularities	in Drums, Labels, o	r Manifests)			
9. Conditions:		Good V	Fair	-	Poor	
10. Floor Drains in Stora	ige Areas?	Yes:		No: √		
11. Are SPCC Practices A	dequate?	te? Yes: V No:				
12. Comments (Reference	any Deficien	cies by item no.):			<u> </u>	

INSPECTION DATE: <u>11 / 5 / 2019</u>

Is Self-Monitoring Required?	YES:	NO: X
Sample Collections Method:		
3. Is sampling location appropriate?		
4. IU and POTW sample at same location?	YES:	NO:
5. Chain-of-Custody Adequate?	YES:	NO:
6. Sampling Equipment Adequate:	YES:	NO:
7. Sample type appropriate?	YES:	NO:
8. Sample containers Appropriate?	YES:	NO:
9. Samples Properly Preserved?	YES:	NO:
10. Holding times Short Enough?	YES:	NO:
11. Sampling/ analysis done in accordance with 40 CFR	YES:	NO:
136?		
12. Is sampling frequency correct?	YES:	NO:
13. IU certifying reports sent to POTW and IDEM?	YES:	NO:
14. Sampling SOP reviewed?	YES:	NO:
15. Sampling QA/QC documents reviewed?	YES:	NO:
16. Analysis conducted	In-House	Contract Lab (Name)
17. Self-Monitoring Records	YES:	NO:
18. All Analytical results on File?	YES:	NO:
19. Records Kept for Period Specified in Permit?	YES:	NO:
20. Comments (Reference any Deficiencies by item no.):	1.	

I. Final Comments	
1. Questions/ Comments/ Discussion	
No longer uses Formaldehyde	
y	
2. Follow Up Actions Required	
Inspector(s) Signature(s):	Date: 11/5/19
	· · · · · · · · · · · · · · · · · · ·
IU Representative Signature: Col & Mullmon	Date: <u>11/5/19</u>
FORM ADAPTED FROM INDIANA PRETREATMENT GROUP INSPECTION FORM, N	(O. 0586B. DATED 03/90

INSPECTION DATE: <u>11/18/2019</u>

INSPECTOR: Henry Padilla

STARTING TIME: 10:00 a.m. ENDING TIME: 10:30 a.m.

A. BACKGROUND INFOR	UMATIO	N: Outfall No. 521						
1. Facility Name	Lakesh	Lakeshore Railcar & Tanker Services LLC (LSRS)						
2. Facility Address	1150 E.	1150 E. 145th St. East Chicago, IN 46312						
3. Person Contacted / Title	James I	James Kornas, V.P. Operations, Patriot Rail; 219-392-8100 ofc, 904-528-8629 celi						
	David H	David Hric, Wastewater Operator, LSRS 219-392-8108 ofc, 219-614-4026 ceil						
	Lee Wa	Lee Walter, Sr. Engineer, PM Environmental 865-221-7870 ofc, 865-765-1059 cell						
4. No. of Employees	Twenty-	Three (23) Water tre	atment in 201	9 was typically	daily M-F.			
5. Shift Starting Time	Shift 1:	6:00am-4:00pm	Shift 2: N/A		Shift 3: N/A			
6. Inspection Type	Unanno	unced:		Scheduled: X	and the second s			
IF UNANNOUNG	CED, CO	MPLETE ITEMS BE	LOW, OTHE	RWISE GO T	O ITEM No. 8.			
a) New Company		Yes:	ANC MARKET AND	No:	-			
b) Complaint		Yes:	(Y Y)	No:				
c) Spill		Yes:	3	No:	MACA Standard Read Assessment Company (1985) 1985 1985 1985 1985 1985 1985 1985 1985			
d) Violation		Yes:	e allulugg ulli (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	No:				
e) Other		Yes:		No:				
7. Explain Reason for Inspec Scheduled Annual Site Inspec				•				
8. SPCC Plan Required and/	or Slug	Yes X		No	No			
Control Plan?	ľ							
IF REQUIRED P	ROCEED	, OTHERWISE GO T	ΓO PAGE 2, P	RETREATM	ENT PERMIT.			
a) Is Plan on File?		Yes X		No				
b) Is Plan Adequate?		Yes X		No				
9. Explain Deficiencies in SP	CC or Slu	g Control Plan:						
Updates needed to cover the n	new WW7	P tanks and operatio	ns recently in	stalled.				



INSPECTION DATE: 11/18/19

B. PRE-TREATMENT PERMIT		
1. Permit No. 521	2. Expiration Date:	05/20/2013
3. Categorical Standard(s) Yes, X; CWT Operations		
scheduled for startup on 11/25/19.	N. A.	S. Carrier
4. Toxic Organic (Solvent)	YES:	NO: X
If required, Proceed,	Otherwise go to Item N	Vo. 6.
a) Is Plan on File?	YES:	NO:
b) Is Plan Adequate?	YES:	NO:
5. Production Based Standard Applicable?	YES:	NO:
If So, current Average Production Rate(s)	Section 1	y and the same of
6. Are there any changes since last inspection or plann	ed changes to the IU?	
A Change in Conditions has occurred. New Treatment	t system components v	vith an upgraded capacity of 100
gpm. IU intends to begin CWT treatment operations a		
wastewater will initially consist of petroleum contact w	vater (PCW) and oily v	egetable-based waters. See Memo
from PM Environmental on 11/18/19 summarizing the	Change in Conditions	j _a
7. Do Permit Limits Represent Current Operations?	YES: X	NO:
If not, what changes are necessary?		
8. Age Self-Monitoring Reports Required?	YES: X	NO:
If required proceed, otherwise go	o to page 3 Part C. Wa	ter/Wastewater.
g) Are Reports on File?	YES: X	NO:
b) Are Reports Current?	YES: X	NO:
c) Are Reports Complete?	YES: X	NO:
9. Explain Deficiencies in Self-Monitoring Reports:		
A. FEDWILL Deliciencies in Sex-Monitoring Vebotis:		
10. Schematic or site map YES: X	And the second s	NO:
provided?		



Inspection Date:

C. WATER/WASTEWATER					
1. Source of Intake Water (GPD):	City: X	\ W	ell:	Other:	
2. Discharge Method:	Volume (GPD)	Month	Percent o	of Total	
a) Into Sewer	451,779		100%		
b) Via NPDES Permit					
c) Into Product					
d) Evaporation					
e) Other					
3. Discharge(s) to Sewer	Volume (GPD)	Month	Percent o	f Total	
a) Industrial Process	451,946				
b) Contact Cooling					
a) Non-Contact Cooling					
b) Blow down					
a) Sanitary					
b) Other		<u> </u>			
TOTAL				····	
4. Process Discharge Flow:	Continuous	Inte	ermittent:	Batch: X	
If Batch	Gal/Batch: ~10,	000	Frequency	y: ~8 hrs./day	
5. Type of Flow Measurement	Totalizing Meter - Laser Flow Sensor - ISCO Signature				
	Ser. No. 217B000	086; 0-1	00 gpm		
Adequate for Expected Flows?	YES: X		NO:		
6. Date of Last Calibration:	10/31/19		1		
7. Number of Outfalls to POTW:	1			· · · · · · · · · · · · · · · · · · ·	
8. Comments (Identify by Item No.): New treatment system will operate as bat 20,000 gallons.	ch treatment system pr	ocess an	d typical bat	tches will be 10,000 -	



Inspection Date:

D. Manufacturing Area #521				
1. Product(s) or Service(s) and General Tanker truck and rail car cleaning. disposal vendor. Cars are cleaned as & vegetable based oily waters) is recepted the pre-treatment system and then disch	Residual product (heel) nd rinsed, and rinse wat eived at the facility in ta	is collected and dis ers are collected for nkers (rail and tru (W through outfall	r treatment. ck) and are t #521.	reated through the
2. Process Waste stream(s)	Description	- 1	To Sewer	To other (Specify)
Non-Haz Sludge Generated	Non-Haz Sludge		- mar ed	Landfill
Recovered Oils	Non-Haz Oil			To recycling
3. Are there floor drains in the manufacturing areas?	YES:	P	io: X	V V
4. Do the floor drains lead directly to the POTW?	YES:		Ю: Х	
5. Are temporary hoses in place as part of production?	YES:		io: X	
6. Process areas Inspected:	Pre-treatment system, storage building, railc property. General sto	ars outside, small b	uilding outsi	de and entire
7. Conditions / Operation	Good X	Fair		Poor
8. General Housekeeping:	Good X	Fair		Poor
9. Conditions:		4		
10. SPCC Practices Adequate?	YI	ES: X	NO:	



Inspection Date:

Chemical Sul	bstance Inv	entory provi	ded?	YES: X	······································	NO:	
Name	Liquid?	Contained?	Size container	Quantity	MSDS?	Notes	
Caustic	X	X	(1) 375 gal Tote	375 gals	X		
Sulfuric Acid	x	X	(8) 55 gal Drums	440 gals	X		
Coagulant	X	x	(1) 375 gal Tote	375 gals	X		
Flocculant	X	X	(4) 5 gal Buckets	20 gals	x		
Hydrogen Peroxide	X	X	(4) 55 gal Drums	220 gals	X		
	The Management of the Control of the	TO THE PROPERTY OF THE PROPERT		applications of the state of th			
Colombia de la Colomb					· · · · · · · · · · · · · · · · · · ·		
			25	ст.э	The state of the s	7 - <u>June - Lander Land</u>	



Inspection Date:

F. Pre-Treatment Area #521

1. Pretreatment System On-Site		YES: X	į N):
2. Schematic or site map provided?		YES: X	N	0:
3. Description:				
4. Discharge	Continuous	Intermittent X	Batch X	Other
5. Conditions / Operation		Good X	Fair	Poor
Current operator David Hri Hiinois Class 3 Group 3 & 4				
licensed Indiana Class B ope		future.		Class
licensed Indiana Class B ope 7. Certified Operator(s)	erator in the near	future. Licensed No.		
licensed Indiana Class B ope 7. Certified Operator(s) David Hric	erator in the near	Licensed No. 0432 (Apprentice)	В	Class
licensed Indiana Class B ope	erator in the near	Licensed No. 0432 (Apprentice) License	В	



Inspection Date:

11/18/19

G. Chemical / Waste Storag					
1. Sludge/Hazardous or No Waste:	n-Hazardous	a) Non-Haz Sludg	9	TAN TERRETORIES AND THE TE	
waste.		b) Hazardous Drums/Totes			
		c) Non-Hazardous	Drums/Totes		
2. Source of Waste	a) Sludge cre	eated by DAF Unit &	Plate Clarifier		
	b) Residual p	product from truck ta	nker and railcar c	deaning	
		roduct from truck ta			
3. Describe any Waste Handling (What happens to it?				disposal within 90 days	
4. Quantity	15-20 drums	per month. 825-1100	gallons	-	
5. Transport Company	Various - der	ending on Hazardou	s/Non-Hazardous	characterizations	
6. Disposal Facility	Various - der	ending on Hazardou	s/Non-Hazardous	characterizations	
7. On-Site Storage	<i>व्यक्तितः</i> च्याप्ताः	Yes: X		No:	
9. Conditions:			Almana and		
		Good X	Fair	Poor	
10. Floor Drains in Storage		Yes:		No: X	
11. Are SPCC Practices Ade	_	Yes: X		No:	
12. Comments (Reference an	y Deficiencies by	y item no.):	5.55. \ 3 miles and spanning		

Com

Inspection Date: 11/18/19

. Is Self-Monitoring Required?	YES: X	NO:
2. Sample Collections Method:		
rab and composite		
3. Is sampling location appropriate?	YES: X	NO:
4. IU and POTW sample at same location?	YES: X	NO:
5. Chain-of-Custody Adequate?	YES: X	NO:
6. Sampling Equipment Adequate:	YES: X	NO:
7. Sample type appropriate?	YES: X	NO:
3. Sample containers Appropriate?	YES: X	NO:
9. Samples Properly Preserved?	YES: X	NO:
10. Holding times Short Enough?	YES: X	NO:
11. Sampling/ analysis done in accordance with 40 CFR 136?	YES: X	NO:
12. Is sampling frequency correct?	YES: X	NO:
13. IU certifying reports sent to POTW and IDEM?	YES: X	NO:
14. Sampling SOP reviewed?	YES: X	NO:
15. Sampling QA/QC documents reviewed?	YES: X	NO:
16. Analysis conducted		Contract Lab (Name) TestAmerica
17. Self-Monitoring Records	YES: X	NO:
18. All Analytical results on File?	YES: X	NO:
19. Records Kept for Period Specified in Permit?	YES: X	NO:
20. Comments (Reference any Deficiencies by item no.): All Up to date		



Inspection	Date:	11/18/19

I. Final Comments #521	N-1111
1. Pina: Comments #321	
1. Questions/ Comments/ Discussion	
2. Follow Up Actions Required	
11 ()	
Inspector(s) Signature(s): Date: (3-2/-2020	
IU Representative Signature: Sauce Cones. Date: 03/64/2026	
FORM ADAPTED FROM INDIANA PRETREATMENT GROUP INSPECTION FORM, NO. 0586B, DATED 03/90	

8

INSPECTION DATE: 11 INSPECTOR: Nickie Geros							
STARTING TIME: 12:30 P	М	ending time: _1	:30 PM				
A. BACKGROUND INFORM	MATIO	N			You .		
1. Facility Name	Safety-Kleen Systems, Inc.						
2. Facility Address	601 Riley Road, East Chicago, IN 46312						
3. Person Contacted / Title	Michael Radcliffe/Sr. Mgr. Environmental Compliance						
4. No. of Employees		Land to the state of the state					
5. Shift Starting Time	Shift 1	i: 06:00	06:00 Shift 2: 18:00		Shift 3:		
6. Inspection Type	Unani	Unannounced:		Scheduled:	Yes		
IF UNANNOUNC	ED, CO	MPLETE ITEMS B	ELOW, OTHE	RWISE GO	TO ITEM No. 8.		
a) New Company		Yes:		No:			
b) Complaint		Yes:		No:	No:		
c) Spill		Yes:		No:	No:		
d) Violation		Yes:		No:	No:		
e) Other		Yes:		No:	No:		
7. Explain Reason for Inspect	ion: Ar	nnual inspection 26	019				
8. SPCC Plan Required and/or Siug Control Plan?		Yes Both are required		No			
IF REQUIRED PR	OCEED	, OTHERWISE GO	TO PAGE 2,	PRETREATI	MENT PERMIT.		
a) Is Plan on File?		Yes On file		No			
,		Yes Yes			No		

I. Permit No. 901	7.554-9	2. Expiration Data	* August 21, 2023	
			August ZT, Z0Z5	******
3. Ceregorical Standard(s)	animore and a substitution of the second	Yes		
Plan Required	Toxic Organic (Solvent) Management Plan Required		NO:No	
I	required, Proceed, C	therwise go to Item		
a) Is Flan on File?		YES:	NC:	
b) Is Plan Adequate?	and the same of th	YES:	NO:	
5. Production Based Standard Ap	plicable?	YES:	NO:	
If So, current Average Product	ion Rate(s)			
				- Comment
		YES: Yes gher available cya	ਸ0: anide discharge limit	
If not, what changes are necessary	Negotiating a hi	1	, , , , , , , , , , , , , , , , , , ,	
If not, what changes are necessary 8. Are Seif-Monitoring Reports F	Negotiating a hi	gher available cya	anide discharge limit	
If not, what changes are necessary 8. Are Seif-Monitoring Reports F	Negotiating a hi	gher available cya	anide discharge limit	
If not, what changes are necessary 8. Are Seif-Monitoring Reports F	Negotiating a hi	gher available cya	nide discharge limit NO: Vater/Wastewater.	
n) Are Reports on File?	Negotiating a hi	gher available cyanges: X to page 3 Part C. W	NO: Vater/Westewater. NO:	
If not, what changes are necessary 8. Are Seif-Monitoring Reports F If required a) Are Reports on File? b) Are Reports Current?	Negotiating a hi	gher available cyalled the page 3 Part C. W. YES: X. YES: X. YES: X.	NO: NO: NO: NO: NO: NO:	

Inspection Date:

11 / 14 /2019

1. Source of Intake Water (GPD):	City: X	W	ell:	Other:	
2. Discharge Method:	Volume (GPD) Month		Percent	Percent of Total	
a) Into Sewer	4,461,280		100%		
b) Via NPDES Permit	0				
c) Into Product		± √ 4 Freemann			
d) Evaporation					
e) Other	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
3. Discharge(s) to Sewer	Volume (GPD) Month		Percent	Percent of Total	
a) Industrial Process			94.	7%	
b) Contact Cooling				0%	
2) Non-Contact Cooling		,	(0.5%	
5) Blow down				0%	
2) Sanitary	*****		0.8%		
b) Other	0%		0%		
TOTAL			100%		
4. Process Discharge Flow:	Continuous Yes	S In	termittent	Batch	
If Batch	Gal/Batch		Frequen	ісу	
5. Type of Flow Measurement				- Add Columns Spiles (100 ming 18.4	
Adequate for Expected Flows?	YES:X		NO:	NC:	
6. Date of Last Calibration:	April 2019				
7. Number of Outfalls to POTW:	One for sanitary and one for pretreatment works				
8. Comments (Identify by Item No.):					
ECSD permit only covers discharge	from pretreatment	works			

D. Manufacturing Area	and the shade of t		The state of the s
1. Product(s) or Service(s) and Gen	eral Description of Processes:		M
Re-refining and reformulaite	on of used oils to produce r	ecycled oils fo	r commercial and
industrial use. Washing of t	ruck trailers and rail cars w	ith commercia	l soaps and water
Pretreatment of wastewaters	s using biological and phys	icai/cnemicai t	reatment metrnod
2. Frocess Waste stream(s)	Description	To Sewer	To other (Specify)
Refining wastewater	Oily process water	д 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	On-site WWTP
Truck Trailer wash	Soapy and oil water		On Site WWTP
Rail car wash	Soapy and oily water		On site WWTP
Stormwater from containment			On-site WWTP
The second secon	Precipitation possible oils	Yes	ON-SIGO VIVI
WWTP Discharge	Pretreated process wastewaters	1	
3. Are there fipor drains in the	YES: X - containment areas only	NO:	
manufacturing areas?	- Containment areas only	1	
4. Do the floor drains lead directly	YES:	X:OK	- in Comments of the second
to the POTW?	A STATE OF THE STA		
5. Are temporary hoses in place as	YES:	NO: X	71 Tr
part of production?			
6. Process areas Inspected:			
7. Conditions / Operation	Good X	Fair	Poor
8. General Housekeeping:	Good X	Fair	Poor
9. Conditions: Clean and neat			
of Conditions Clean and near			

YES: X

10. SPCC Practices Adequate?

NO:

Inspection Date: <u>11 / 14 / 2019</u>

Chemical S	ubstance Inve	entory provid	led?	YES:X		NO:		
Vame	Liquid?	Contained?	Size container	Quantity	MSDS?	Notes		
-						se attached list		
A STATE OF THE STA								
				, , , , , , , , , , , , , , , , , , , ,				
	The subsection		14.7					
					-			
****			**************************************					
	N. S.							

Inspection Date:

11 / 14 / 2019

. Pre-Trestment Area		TARRE	/ NO:	An algeria and the second second		
1. Pretroatment System		YES: X				
2. Schematic or site m	sap provided?	YES: X	NO:			
3. Description:			and the second s			
I. Discharge	Continuous X	Intermittent	Eatch	Other		
i. Conditions / Operation		Goed X	Fair	Poor		
	ile.	3				
5. Conditions / Operations 6. Comments (Reference	ile.	3				
	e any Deficiencies by i	3		Class		

Inspection Date:1	<u>1_/_</u>	14 /	2019
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G. Chemical / Weste Storage	Areas								
1. Sludge/Hazardous or Non	-Hazardous	٤) Laboratory tes	ting waste - Haz	,					
Waste:		b) Used oil - Non-hazardous							
		c) Wastewater treatment sludge							
2. Source of Waste	a) On site	analytical laboratory							
	b) Process	wastes from re-ref	ning operations	9_00000	***************************************				
	c) Basic bio	ological and physic	al treatments	mar conetto di la					
3. Describe any Waste Handling (What happens to it?	Wastes from a are drummed and sent off-site for incineration								
4. Quantity	Varies wit	h time and waste t	уре						
5. Transport Company	Varies wi	th waste stream							
6. Disposal Facility	Varies w	vith waste type.							
7. On-Site Storage	The same of the sa	Yes: X							
8. Describe (Include any Irr	egularities in I	Prums, Labels, or Ma	nifests): None						
9									
9. Conditions:		GoodX	Fair		Poor				
10. Floor Drains in Storage	Areas?	Yes:		No:	Χ				
11. Are SPCC Practices Ade	çuate?	Yes:X		No:	· Control of The Cont				
12. Comments (Reference an	y Deficiencies l	by item no.): None			-				

Inspection Date:

11 / 14 / 2019

I.	Is Self-Monitoring Required?	YES:X	NO:
2.	Sample Collections Method: Grab and flow proporti ECSD permit	onal methods are	e used as required by
3.	Is sampling location appropriate?	YES	
a.	IU and POTW sample at same location?	YES:	NO:X
3.	Chain-of-Custody Adequate?	YES: X	NO:
5.	Sampling Equipment Adequate:	YES:X	NO:
7.	Sample type appropriate?	YES:X	NO:
8.	Sample containers Appropriate?	YES:X	NO:
9.	Samples Properly Preserved?	YES:X	NO:
10.	Holding times Short Enough?	YES:X	NO:
	Sampling/analysis done in accordance with 40 CFR 136?	YES:X	NO:
12.	Is sampling frequency correct?	YES:X	NO:
13.	IU certifying reports sent to POTW and IDEM?	YES:X	NO:
14.	Sampling SOP reviewed?	YES:X	NO:
15	Sampling QA/QC documents reviewed?	YES:X	NO:
16.	Analysis conducted	In-House	Contract Lab (Name) ALS
17.	Self-Menitoring Records	YES:X	NO:
18	All Analytical results on File?	YES:X	NO:
19	Records Kept for Period Specified in Permit?	YES:X	NO:
	Comments (Reference any Deficiencies by item no.):	None	

Inspection Date: <u>11 / 14 / 2019</u>		
I. Final Comments		,
1. Questions/ Comments/ Discussion Good housekeepi	ng	
2. Follow Up Actions Required None		
Inspector(s) Signature(s):	Date:	
III Parresentative Signature:	Data: 11/14/2019	

FORM ADAPTED FROM INDIANA PRETREATMENT GROUP INSPECTION FORM, NO. 0586B, DATED 03/90

	Drum 55 Gat.	Drum 55 Gal.	T-CT850-B-11502	T-CT850-A -11501	Cooling Towe	T-BH2-C-11477	Т-ВН2-В-	T-8H2-A -11500	Boiler Water	T-151521	T-151510	T-23604	Emulsion Bre	T-615	Tote 250 Gal.	Tote 250 Gal.	Drum 55 Gal.	T-31607	T-22291	T-22290	Drum 55 Gal.	1-621	T-620	T-609	Waste Wate
CYANIDE TREATMENT CNX-1 CNX-10 HYDROGEN PEROXIDE	CL-4855- Quadrasperse CT-101	CL-215 - Microbiocide	CL-49- Microbiocide	CL-4855- Quadrasperse	Cooling Tower Treatment Chemicals	BL-1342- Compound Boiler Treatment	BL-1258-Potassium Sulfite	BL-1558 -Amines, Corrosive.	Boiler Water Treatment Chemicals	Coagulant - EP-425	SW-829 Water Treatment	SW-829 Water Treatment	Emulsion Breaking Chemicals	Sodium Hydroxide 50% - Caustic	Polymer DrewFloc 2205 Belt Press	Polymer DrewFloc 2449 Belt Press	WW-2400 Cat. Polymer	Sodium Bisulfite Solution	Aluminum Sulfate Solution	Aluminum Sulfate Solution	HD Deformer	SW-829 Water Treatment	Sodium hypochlorite - Bleach	Coagulant - CP-1	Waste Water Treatment Chemicals
CCI Chenical CCI Chenical	ChemTreat	ChemTreat	ChemTreat	ChemTreat		ChemTreat	ChemTreat	ChemTreat		Out of Service	CCI Chemical	CCI Chemical	' '	Old World	Solenis	Solenis	CCI Chemical	Out of Service	Out of Service	Out of Service	CCI Chemical	CCI Chemical	Wilson Chem.	Out of Service	SUPPLIER
			90"	90"		60"		90"						20'				160"				155"	162"	155"	Safe Height
TOTES														376				363				428	51 00 00	428	GL. Per Foot
			13.5	13.5		15		13			7			31				30				%	49	35	GL. Per Inch
275 GL 275 GL 275 GL	55 Gal. Drum	55 Gal. Drum	1350 GL.	1350 GL.		1000 GL.	1500 GL	1350 GL.			1100 Gals.	2350 Gals.		7,500 Gals.				4,800 Gals.			55 Gal. Drum	5,500 Gals.	8,000 Gals.	5,500 Gals.	er Inch Total Cap.
										Empty							:	Empty	Ē	Ē				Empty	LEVEL

- 7 -

INSPECTION DATE: 12/9/19

INSPECTOR: HENRY	Pad	sila .						
STARTING TIME: 1000 A.m. ENDING TIME: 1100 A.m.								
A. BACKGROUND INFORM	IATION	1 # QUI						
1. Facility Name PCXQ17 Inc								
2. Facility Address 2555 Dickey Rd								
3. Person Contacted / Title	3. Person Contacted/Title Douis Moore Paul Piper, Joe Contani							
4. No. of Employees	~	-25		,				
5. Shift Starting Time	Shift 1	: 5-0	Shift 2: 3	9~	Shift 3:			
6. Inspection Type	[ounced:		Scheduled:				
	D, CO	MPLETE ITEMS BE	LOW, OTHE	RWISE GO T	O ITEM No. 8.			
a) New Company		Yes:		No:				
b) Complaint		Yes:		No:				
c) Spill		Yes:		No:				
d) Violation		Yes:		No:)			
e) Other		Yes:		No:				
7. Explain Reason for Inspecti								
Routine F	Jun	nal						
8. SPCC Plan Required and/or	Slug	Yes		No				
Control Plan?		SPCC -	will de	openeu:	~ 5050			
IF REQUIRED PRO	CEED	, OTHERWISE GO						
a) Is Plan on File?		Yes		No				
b) Is Plan Adequate?		Ves		No				
9. Explain Deficiencies in SPC	C or Sl	ig Control Plan?:			······································			

INSPECTION DATE: 12, 9, 19

B. PRE-TREATMENT PERMIT		
1. Permit No. Dut Fall # 941	2. Expiration Date:	
3. Categorical Standard(s)		
4. Toxic Organic (Solvent) Management Plan Required	YES:	NO:
If required, Proceed, (Otherwise go to Item No. 6.	
a) Is Plan on File?	YES:	NO:
b) Is Plan Adequate?	YES:	NO:
5. Production Based Standard Applicable?	YES:	NO:
If So, current Average Production Rate(s)		
6. Are there any changes since last inspection or plann	ed changes to the IU?	
7. Do Permit Limits Represent Current Operations?	YES:	NO:
If not, what changes are necessary?		
~ / /+		
8. Are Self-Monitoring Reports Required?	YES:	NO:
If required proceed, otherwise go	to page 3 Part C. Water/V	Vastewater.
a) Are Reports on File?	YES:	NO:
b) Are Reports Current?	YES:	NO:
b) Are Reports Current? c) Are Reports Complete?	YES:	NO:
c) Are Reports Complete?		
c) Are Reports Complete?		
c) Are Reports Complete? 9. Explain Deficiencies in Self-Monitoring Reports:	YES:	NO:
c) Are Reports Complete? 9. Explain Deficiencies in Self-Monitoring Reports:	YES:	NO:
c) Are Reports Complete? 9. Explain Deficiencies in Self-Monitoring Reports:	YES:	NO:

Inspection Date:	12	19	/	1
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C. WATER/WASTEWATER				
1. Source of Intake Water (GPD):	City:	Well	1	Other:
2. Discharge Method:	Volume (GPD) Mon	ıth	Percent of	Total
a) Into Sewer	V			
b) Via NPDES Permit				
c) Into Product			į	
d) Evaporation				V
e) Other				
3. Discharge(s) to Sewer	Volume (GPD) Mon	th	Percent of	Total
a) Industrial Process ー はっ (にゅんさい)	مناد فام عمر			
b) Contact Cooling the Broduction (co	aline tour		* ****	
a) Non-Contact Cooling ? (0, vodu	ctim Cooling L	حولهم		
b) Blow down - con production	boiler			We military and an arrange of the second of
a) Sanitary				
b) Other - ww ~550c. w/r	marat retavil	ries		
TOTAL	୧୦୬ ୧୦୦		100%	
4. Process Discharge Flow:	Continuous 🔀	Inter	mittent	Batch
If Batch	Gal/Batch		Frequency	,
5. Type of Flow Measurement	Flow r	ne+	er	
Adequate for Expected Flows?	YES: ×		NO:	
6. Date of Last Calibration:	11-11-19			-
7. Number of Outfalls to POTW:	1			
8. Comments (Identify by Item No.):	14			

Inspection Date:	12/	9/	<u>19</u>
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D. Manufacturing Area				
1. Product(s) or Service(s) and Gen	eral Description of	Processes:	F () .	11. th & (1)
1. Product(s) or Service(s) and Gen	es Mouta	172-2 - 21	perion	זווא וול זי יביל
2. Process Waste stream(s)	Descri	ption	To Sew	er To other (Specify)
18/2				
3. Are there floor drains in the	YES:		NO:	
manufacturing areas?			Y	
	TOTAL		NO:	
4. Do the floor drains lead directly	YES:		NO:	/
to the POTW?				
5. Are temporary hoses in place as	YES:		NO:	
part of production?			×	
6. Process areas Inspected:				
7. Conditions / Operation	Good X		Fair	Poor
8. General Housekeeping:	Good X		Fair	Poor
9. Conditions:				
10. SPCC Practices Adequate?		YES: X	NO);

Inspection Date:	12/	9,	19
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E. Materials Used (list any raw materials, solvents, oils, chemicals, pretreatment, and boiler/cooling								
tower additives) attach additional sheets if necessary								
Chemical Subst	ance Inve	ntory provid	led?	YES:	火 /	NO:		
Name	Liquid?	Contained?	Size container	Quantity	MSDS?	Notes		
5.00	5	PCC		Schröderfelbermit der remainer mit mit er	-			
				ly operation of the state of th				
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Inspection Date: 17/9/17

. Pre-Treatment Area	~ / 1	7		
1. Pretreatment System On-Site			NO:	
2. Schematic or site map provided?			NO:	
3. Description:				
Discharge	Continuous	Intermittent	Batch	Other
Conditions / Operatio	n	Good	Fair	Poor
Comments (Reference				
Certified Operator(s)		Licensed No.		Class
SPCC Practices Adea	uato? Voc	>4	No.	

Inspection Date:	19/17				
G. Chemical / Waste Storage	Areas				and the state of t
1. Sludge/Hazardous or Non	-Hazardous a)			
Waste:	Ъ))			
	C)			
2. Source of Waste	a) Univers	ial waste	S		
	b) Usea 2				
	c)				
3. Describe any Waste Handling (What		ccsite to dispos	معتد: الحق	40	oproprieto
happens to it?	sent as	215005	all recycli	~ (location
4. Quantity	V5Q	G	·		
5. Transport Company	Sefety-K	leen			
6. Disposal Facility	Verson	>			
7. On-Site Storage		Yes:		No:	X
8. Describe (Include any Irr	egularities in Dru	ms, Labels, or Man	ifests):		
9. Conditions:				- 1	
	X	Good	Fair	Lar	Poor
10. Floor Drains in Storage		Yes:		No:	X
11. Are SPCC Practices Ade		Yes: ×		No:	
12. Comments (Reference an	y Deficiencies by i	tem no.):			

Inspection Date:	12	<u>, </u>	
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H. Industrial Self-Monitoring		
1. Is Self-Monitoring Required?	YES:	NO: ×
2. Sample Collections Method:	lects smole	>
3. Is sampling location appropriate?		
4. IU and POTW sample at same location?	YES:	NO:
5. Chain-of-Custody Adequate?	YES:	NO:
6. Sampling Equipment Adequate:	YES:	NO:
7. Sample type appropriate?	YES:	NO:
8. Sample containers Appropriate?	YES:	NO:
9. Samples Properly Preserved?	YES:	NO:
10. Holding times Short Enough?	YES:	NO:
11. Sampling/ analysis done in accordance with 40 CFR 136?	YES:	NO:
12. Is sampling frequency correct?	YES:	NO:
13. IU certifying reports sent to POTW and IDEM?	YES:	NO:
14. Sampling SOP reviewed?	YES:	NO:
15. Sampling QA/QC documents reviewed?	YES:	NO:
16. Analysis conducted	In-House	Contract Lab (Name)
17. Self-Monitoring Records	YES:	NO:
18. All Analytical results on File?	YES:	NO:
19. Records Kept for Period Specified in Permit?	YES:	NO:
20. Comments (Reference any Deficiencies by item no.):		

Inspection Date: 12 /9 / 19
I. Final Comments
1. Questions/ Comments/ Discussion
2. Follow Up Actions Required
Inspector(s) Signature(s): # Date: 12-09-19 IU Representative Signature: Date: 12-9-17 FORM ADAPTED FROM INDIANA PRETREATMENT GROUP INSPECTION FORM, NO. 0586B, DATED 03/90